NON-USPS--AGENCY COLLECTION ACCOUNTS RECEIVABLE

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STD. 995A (NEW 7-94)					

Complete and submit to: State Controller, PPSD - W-2 Unit

TAX YEAR COLLEC	TED	ECTE	ECTE	LEC	_L	COL	YEAR	TAX
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Remittance Advice Number	D

The following payments to clear Payroll Accounts Receivable have been submitted to the State Controller's Office on:

SOCIAL SECURITY NUMBER	EMPLOYEE NAME (First Initial, Middle Initial, Surname)	PAYMENT TYPE	PAY PERIOD OF A/R (Month/Year)	ISSUE DATE OF A/R (Month/Day/Year)	A/R NUMBER (5 Digits)	AMOUNT COLLECTED

I certify that I am duly authorized by the herein named state agency to make this report and certification; that data stated herein is correct, complete and in accordance with all laws and regulations.

REPORTING OFFICER'S SIGNATURE	DATE
TYPE OR PRINT NAME AND TELEPHONE NUMBER OF INDIVIDUAL COMPLETING THIS FORM	TELEPHONE NUMBER (Include Area Code or use CALNET)
	()
FROM (Anency Name)	